

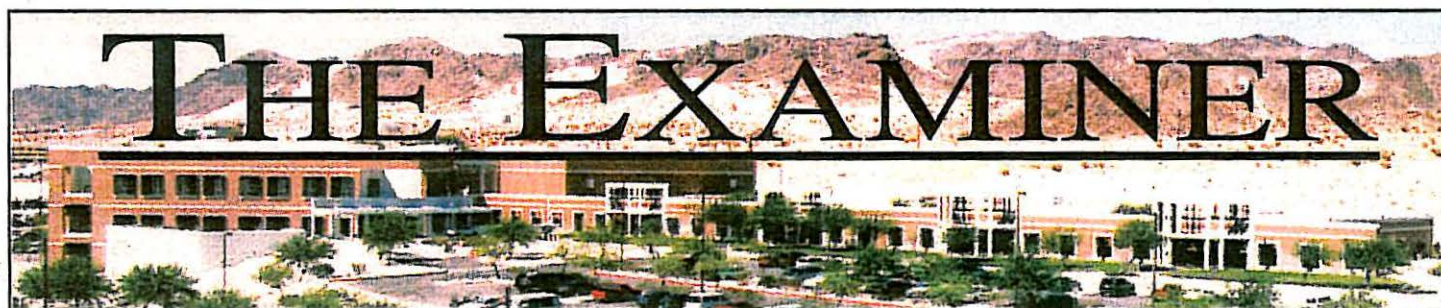


The Orthopedics Department took first place in this year's Holiday Decorating Contest. Accepting the award are from left to right, HM3 Larry Johnson, Lt. Rosemary Frieson, HM2 Ana Reyes, HM3 Joan Tanner, and Dawn Noble. For other Command Awards, please see page 6



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Naval Hospital

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Frockees...



In a special ceremony the following staff members of the Robert E. Bush Naval Hospital were recently frocked to their current rank. They are HM2 Dustin J. Wagner, CS3 Christene V. Altura, CS3 Neil Francis P. Arca, HM3 Monique A. Campbell, HM3 William Campbell, CS3 Kristoffer P. Crisostomo, IT3 Richard A. Delgado, HM3 Eirol G. Garcia, HM3 Christopher L. Hancock, HM3 Mary A. Hyde, CS3 Smark F. Lara, HM3 Anne C. Lopez, HM3 Jessica M. McDurmon, HM3 Estrella R. Montes, CS3 Edwin E. Olmedo, HM3 Michael Reyes, HM3 Genalyn D. Sok, HM3 Joseph C. Teodoro, and HM3 Tiffany L. White.

Navy Barracks Boasts 2nd Zumwalt Award

Carson Hall, the Naval Hospital Twentynine Palms (NHTP) Bachelor Enlisted Quarters (BEQ) aboard the Combat Center, was awarded a Four-Star Adm. Elmo R. Zumwalt Award for Excellence Dec. 15.

This is the second cycle in a row that the NHTP BEQ has received a prestigious Zumwalt rating. "Carson Hall is a home for our resident crew, and we are so fortunate that our BEQ staff, who are committed to their shipmates and the command, do a magnificent job managing the facility," said Capt. Robert Engelhart, Naval Hospital Twentynine Palms Commanding Officer. "The entire command is pleased and proud of the BEQ leadership

Please see ZUMWALT AWARD on page 7

DoD Selects First Group for National Security Personnel System

Navy Secretary Gordon England announced today the activities selected to take part in the initial implementation of the human resources and appeals elements of the Department of Defense National Security Personnel System (NSPS).

England, who serves as the DoD senior executive overseeing NSPS, indicated that the employees slated for conversion will be included in groupings called Spirals.

Spiral One will include approximately 300,000 general schedule, U.S.-based Army, Navy, Marine Corps, Air Force, and other Department of Defense civilian employees and will be rolled out in three phases over an 18-month period beginning as early as July 2005.

The first group of employees will number about 60,000.

In addition,

England announced the NSPS Labor Relations system is scheduled to be implemented across the Department of Defense by summer 2005.

Since NSPS was signed into law on Nov. 24, 2003, DoD officials and the Office of Personnel and Management have been working with DoD employees, to include supervisors, managers, human resources and equal employment opportunity practitioners, general counsel and financial management professionals, and union officials to develop design options for the

Please see PERSONNEL SYSTEM on page 7

Inside...

A pregnant woman whose spouse is, or will be, deployed at the time of the birth of their baby is now able to have a caring, helpful, supportive presence during labor, delivery and the post-partum period. *page 2*

The Medical Minute is a monthly article that covers common health topics and concerns. I would like to start off the New Year with talking about a potentially serious and debilitating eye condition! Lets start off 2005 seeing the world in a bright and healthy way! Happy New year! *page 2*

I am currently assigned to the Multi National Security Transition Command (<http://www.mnstci.iraq.centcom.mil/>), located in the International Zone, Baghdad. It is quite an adventure to be here and a huge departure from my normal work environment. *page 3*

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Doula Services Offered to Pregnant Women at Combat Center

By Lt. Cmdr. Kathleen Hewitt
Robert E. Bush Naval Hospital

A pregnant woman whose spouse is, or will be, deployed at the time of the birth of their baby is now able to have a caring, helpful, supportive presence during labor, delivery and the post-partum period.

She may contact one of the 30 trained Doulas, who are offering their services without a fee, in the Twentynine Palms, Joshua Tree, Yucca Valley area, as a support person when a

Medical Minute...

Glaucoma: A potentially serious concern!

Lt. Catherine O. Durham, MSN
Robert E. Bush Naval Hospital

The Medical Minute is a monthly article that covers common health topics and concerns. I would like to start off the New Year with talking about a potentially serious and debilitating eye condition! Lets start off 2005 seeing the world in a bright and healthy way! Happy New year!

What is glaucoma?

Glaucoma is an eye disease that may cause loss of vision. It occurs as a result of a buildup of fluid in the eyeball. Imagine that the inside of your eye is like a sink, with the faucet always running and the drain always open. Like water in the sink, the fluid in your eye moves in and out. The fluid nourishes your eye and keeps it healthy. After the fluid circulates, it empties through a drain in the front of your eye. In people with glaucoma, the drain in the eye is blocked and the fluid can't run out of the eyeball. Instead, the fluid builds up and causes increased pressure in the eye.

How does increased pressure damage your eye?

The increased pressure in the eye destroys the nerve cells in your eye, causing you to lose your vision. At first, you may have blind spots only in your peripheral, or side, vision. If your glaucoma isn't treated, your central vision will also be affected. When glaucoma causes vision loss, the loss is permanent. Nothing can restore dead nerve cells.

What are the symptoms of glaucoma?

Most people with glaucoma don't have any symptoms of the disease. You might not realize that you're losing vision until it's too late. Half of all people with loss of vision caused by glaucoma are not aware they have the disease. By the time they notice loss of vision, the eye damage is severe.

Rarely, an individual will have an acute attack of glaucoma. In these cases, the eye becomes red and extremely painful. Also, nausea, vomiting and blurred vision may occur.

Who gets glaucoma?

Risk factors for glaucoma include older age, black race, family history of glaucoma, high pressure in the eyes, diabetes, hypertension and near-sightedness.

How do I know if I have glaucoma?

You won't know you have glaucoma until you notice vision loss. Since glaucoma causes no symptoms other than vision loss, it is important that you have a complete eye exam by an ophthalmologist. An ophthalmologist is a doctor who is trained to provide care for the eyes, including the diagnosis and treatment of glaucoma. Your ophthalmologist can measure your eye pressure, examine your optic nerve and evaluate your central and peripheral vision. Early diagnosis and treatment of glaucoma can prevent damage to the eye's nerve cells and prevent vision loss.

How often should I have an eye exam?

It is generally recommended that you have a complete eye exam by age 39. After that, eye exams should be done every 2 to 4 years. After age 64, they should be done every 1 to 2 years.

Please see **GLAUCOMA** on page 7

Life's Lesson...

If your spouse is walking around your house slamming doors, don't ask "what's wrong?" She might tell you!

spouse or partner is not able to be present due to deployment.

What is a Doula? Doula is a Greek word referring to an experienced woman who helps another woman. In childbirth it refers to an experienced woman who provides physical, emotional, and informational support before, during, and just after childbirth.

Today, a Doula is a caring, professional labor support person who is trained to provide continuous one-on-one care to the laboring woman. A Doula is not a doctor, nurse or a midwife. She is not trained to make any medical decisions or to perform any medical procedures. A Doula is trained in natural comfort measures, relaxation techniques, anatomy and physiology of the birthing process, and breast-feeding knowledge.

There have been many documented results of this on-on-one care, including decreases in narcotic and epidural use, cesarean births, and length of labor. Research has shown that using the services a Doula offers, influences a woman's feeling about herself, her labor and delivery experience, and her baby. This leads to more successful breast-feeding, fewer neonatal complications and less chance of post-partum depression. An added benefit for a deployed spouse or partner is the knowledge and assurance that the expectant mother will not be alone during labor and delivery when he is not able to be there.

The Doulas in the Twentynine Palms area are volunteer participants in Operation Special Delivery, a private organization consisting of more than 300 professional labor assistants/doulas, who are donating their services during wartime to women who are giving birth while their partners are on military deployment.

A pregnant woman who desires more information on having a trained Doula to provide a caring, supportive presence during labor and birth may contact her OB provider or Therese Weseman, RN at 830-2822.

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The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

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Hello from Operation Iraqi Freedom

By Lt.jg. Brian Hower
Special to the Examiner

I am currently assigned to the Multi National Security Transition Command (<http://www.mnstci.iraq.centcom.mil/>), located in the International Zone, Baghdad. It is quite an adventure to be here and a huge departure from my normal work environment.

As most of my friends at NHTP know, I am a 15-year veteran of Navy Medicine and this is my first true deployment to an operational type assignment. 'Operational' now has new meaning to me. I thought I understood the meaning of being 'Operational', as I tried to convince my previous LPO, HM1 Dawn Schadegg. I can now tell you Dawn: I had no idea!

My journey started off with a flight to CRC, Ft Bliss Texas. There, I had a flash back of basic training: lots of long lines, paperwork, briefs, and uniform / equipment issue. When I was issued the 9mm, that is when it finally sunk in that I was no longer working in a hospital. This was real. I didn't have time to reflect on the mission until that moment. I won't waste much time discussing CRC though, it was nothing spectacular. Anyone deploying though: Get your smallpox well before you leave! LCDR Alexander was right! Carrying all the gear and wearing body armor with a smallpox soar is not an easy task. It was a pain!

Fast forward from Texas to Baghdad International Airport. There, our group waited in the rain until our transportation arrived. During our two-hour wait, the sound of small arms fire was in the air. This was my first experience listening to that. I will never forget it. Our transportation was an "armored up" RV called the Rhino. Driving from the airport to the International Zone is one hundred times worse than any commute in the States, including San Diego or the Beltway.

Our first two weeks in the International Zone was filled with more paperwork, walking and carrying our bags from place to place. All of our gear and personal items were on our person. I had three duffle bags of issued gear, one duffle bag of personal belongings (half of which I will never need), a laptop computer bag on my back and did I mention the 40 pounds of body armor, weapon, ammo and Kevlar helmet. I lost close to 10 pounds in the first week. I spent about two weeks in a warehouse with 200 of my fellow "homeless" Sailors, Marines, Soldiers, Airmen and civilian contractors. After that, I was issued a trailer to live in. I share it with an Army Warrant Officer. The trailer is a beautiful thing, compared to the overcrowded warehouse. My little section of the small trailer is as comfortable as it can be, thanks to many care packages from family and friends. I can't complain, I get a shower and a bed to sleep in. I also have a great roommate and we have lots in common. Although he is divorced, we both have two boys at home that we miss very much. We spend what little time we have away from work watching movies or just talking.

My day starts off very early. Uniform of the day: Army Desert Camouflage Uniform (DCU) that has been slightly altered to meet basic Navy requirements for rank and such, body armor, kevlar helmet and weapon. Our commute to work is about a one-mile walk through the International Zone. The International Zone is also home to about 30,000 Iraqi Civilians, so there are times when the tension is high. However, after a few weeks and meeting some Iraqi people, I have grown very fond of many of them. They are very happy to have us here and understand the sacrifice we make.

We work long hours, 7 days a week. There are no holidays here. This is needed though, because there is much work to be done. My position here is not just Patient Administration. It has evolved to include: Managed Care, Building Construction and Laboratory Design and Supply Management. All those drawings I did for space utilization prepared me for what we are doing here. I work directly for the Iraq Surgeon General of the Armed Forces

and we have become good friends. He is a strong willed and very proud man and loves his country. I have learned so much about Iraqi and American history from him. Although sometimes, we disagree on some historical facts, we enjoy the conversations and laugh quite a bit. It makes me proud to assist him in this effort to build his health system. He wants to see the Iraqi military medical system become an example of what can be done in Iraq. We have a long way to go though.

Part of my job is to perform site visits to all the areas in which our new Brigade Medical Clinics are being built. These missions take me to many parts of Iraq. Most of the transportation is via Blackhawk helicopter. However, the closer sites involve road convoys. The convoys are not enjoyable at all. When we go out on convoy, all of us are fully armed and our heads are on a 'swivel'. Each member of the vehicle (SUV) is responsible for visualizing a specific area and reporting any movement, people and suspicious items to the driver. The roads are not clean, so everything in mind is suspicious. We spend considerable energy doing this type of travel and we minimize it as much as possible. We drive with windows down and weapons outward and we never drive at night. If we can't make it home, we sleep where we are. Our weapons for convoys: M16's and AK 47's. Special note: The Geneva Convention does apply here and there are specific rules of engagement for medical personnel and we follow them at all times. I never thought I would be carrying an AK 47.

I am proud to say that Navy Medicine is everywhere here. We have IDC's in many parts of the country that are training the new Iraqi Armed Forces (IAF) how to be medics. Some of the IDC's have even started a small HM type school system for the IAF. They have done so much with so little. I am very impressed when I visit these fine Hospital Corpsman. Makes me proud to be a prior Corpsman. Special Note to NHTP HM's: Keep your skills up! Junior Hospital Corpsman are here training and mentoring Iraqi forces. No other Service trains enlisted medical personnel quite like the Navy and the Army keeps asking for more of you!

I need to make a note about the Navy PRT program. I must emphasize to everyone that knows they are not as fit as they should be. I considered myself pretty fit before arriving here. I can tell you that I have lost significant weight here and believe me, I am not trying to do so. I eat a lot, but still lose weight. If individuals in uniform are not fit while working at a hospital, they will struggle when on deployment. You have no time to get yourself in shape once you get here. This is something everyone must do while at home station. Luckily, I got back into the gym a few months before I got the orders to deploy. I contin-

Please see IRAQI FREEDOM on page 8



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Super Stars and Hard Chargers...



Examiner Message from

By the time The Examiner is published, I am often open in hand trying to gather my thoughts as the deadline is looming, and Dan Barber is always there. This past year has been a great year for the R. There was significant staff turnover, and we lost many Superstars. Whenever I cruise the hospital and see you, well you do it. Our community is well served and I ate that.

While there are so many thoughts coursing through my mind for your photos...photos of the Superstars who make up our Medicine.

Thank you for all you have done and I look forward to 2005.

BZ & CP
R. J. Engelhart
Commanding Officer



ask of the CO...

reading this note, it will be 2005, but as I sit here with 2004 at the height of the holiday season, the publisher's waiting.

h Naval Hospital, its crew, and the community we serve. at fortune to have a wonderful new generation of Staff hat with the crew, I am in awe of all that you do and how every level and in every respect and I and they appreci-

mind, I'd like to keep my note short...I'd like more room hospital to life and who wear the Muddy boots of Navy

erving with you and being your shipmate in 2005. Bravo



Detailers Test Customer Service Program on HMs, DTs

By Senior Chief Journalist K. Suich
Navy Personnel Command Communications

MILLINGTON, Tenn. (NNS) — Navy Personnel Command will launch a customer service pilot program involving hospital corpsmen (HM) and dental technicians (DT) Jan. 24, affecting the way they'll get answers to their detailing and duty assignment questions.

The new pilot program, geared to enhancing customer service for Sailors, will utilize a Customer Service Center staffed with representatives able to answer commonly-asked questions. HMs and DTs will automatically be forwarded to the service center when they dial the published numbers for the HM and DT detailers.

"Our goal is to have each call answered by a human being, then provide the caller with an answer or forward the call to [their rating's] detailer," said Master Chief Hospital Corpsman (FMF) K. Denise Brown, the lead for HM/DT assignments in PERS 407. "We believe if we are able to siphon off the calls not specifically related to detailing, the detailer will have more time to provide counseling and mentorship for his community while detailing."

According to Brown, the study focuses on hospital corpsmen and dental technician ratings due to the diversity of their Navy Enlisted Classifications (NEC) and size of their community.

Information gathered from the study, which concludes March 18, will determine whether this program will be implemented for all Navy enlisted ratings.

"Corpsmen and dental techs are a good representation of the overall enlisted community and will give us a fair sampling of Sailors from a variety of assignments - sea duty, shore duty, overseas and FMF (Fleet Marine Force)," said Brown. "The breakdown of NECs (Navy Enlisted Classifications) will simulate ratings for the whole Navy."

During the study, HMs and DTs will also be encouraged to send e-mails to the detailing Web site at hmdetailers@navy.mil, where their questions can be answered and demographics can be gathered for the customer service study. Sailors affected by the pilot should put their NEC in the subject line. In the body of the e-mail, Sailors should include their last name, first name, rate, Social Security Number, and commercial as well as DSN contact numbers. Specific questions should be asked to allow for the Customer Service Center representative to determine whether he or she can answer the question, or if it needs to be forwarded to the appropriate detailer.

"We, at PERS-407, know how important it is for the Sailor to speak directly to the detailer. This pilot will not change that. However, it will provide a quick and easy process for answering the more generic questions by the Customer Service Center agents," said Brown. "Sailors will truly have better access to their detailers for their intricate, specialized questions and to receive that additional mentoring, counseling and leadership advice necessary to ensure the continued success in their careers."



Super Stars and Hard Chargers...



Edna Harris retires from Federal Civil Service.



HMC Juan Punzalan receives his second Navy and Marine Corps Commendation Medal.



Maureen Chamberlain retires from Federal Civil Service.



HN Kris Gonzalez receives an Honorary Desert Rat Certificate.



HM2 Amy Suchocki receives her second Navy and Marine Corps Achievement Medal.



CS2 Randolph Williams receives his second Navy and Marine Corps Achievement Medal.



The hospital's Women's Cross Country Team placed first in the CG's Cross-Country 8k. Accepting the trophy for the team are from left to right, Lt. Cmdr. Eileen Sirois, Lt.j.g. Ayessda Fusilero, and HM2 Ana Reyes. Other team members not pictured are, Lt. Greta Cavell and Lt. Cmdr. Laura Hamilton.

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GLAUCOMA...

Continued from page 2

What is the treatment for glaucoma?

Glaucoma can be treated with eyedrops, pills, laser surgery, eye surgery or a combination of methods. The purpose of treatment is to lower the pressure in the eye so that further nerve damage and vision loss are prevented.

If you have any questions about the information provided contact your healthcare provider!

PERSONNEL SYSTEM...

Continued from page 1

new civilian personnel management system. The proposed regulations will appear in the Federal Register this winter, which will initiate a formal public comment period, as well as a period for a formal "meet and confer" process with employee representatives to discuss the proposed regulations.

Upon completion of the comment period, the department will develop more specific implementing regulations, which are expected to be finalized in the spring.

The announcement of the first phase of Spiral One participants at this time allows the leadership of those affected organizations to position themselves and look ahead to help prepare DoD employees for the conversion. This will include training in what are called "soft skills," such as interpersonal communication, team building, and conflict management, to help people adjust to the change.

Spiral Two will comprise the remainder of the eligible workforce and will be initiated following an assessment of Spiral One and after the secretary of defense certifies the Department's performance management system. The law provides that the NSPS human resources system may not apply to organizations with more than 300,000 employees until the secretary of defense determines and certifies that the department has a performance management system in place that meets the statutory criteria established for the NSPS performance management system. Spiral One will provide the basis for this certification prior to the deployment of Spiral Two. Spiral Three will comprise the DoD labs should current legislative restrictions be eliminated.

Congress authorized the new personnel system as part of the fiscal 2004 National Defense Authorization Act. "NSPS provides an opportunity to improve the effectiveness of the department through a simplified personnel management system that will improve the way it hires and assigns, as well as compensate and reward its employees," said England. "It will provide the department with a modern, flexible and agile human resource system that can be more responsive to the national security environment, while preserving employee protections and benefits."

In a written welcoming statement to all employee participants in Spiral One, Mary Lacey, Program Executive Officer for NSPS, said, "We will gain experience with the procedures we put in place, and I am counting on you to provide feedback in identifying any improvements as we implement the system to the entire workforce."

England called the implementation of NSPS a historic occasion that will provide challenges and opportunities to manage change in the human resources arena in a beneficial and productive way to support the modern missions of the Department of Defense.

The new system will be fully implemented in the July 2007/January 2008 timeframe.

To view the NSPS Spiral One participants visit:

<http://www.defenselink.mil/news/Dec2004/d20041214osd.pdf>

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ZUMWALT AWARD...

Continued from page 1

and staff, and that their efforts, dedication, and accomplishments have been recognized, and that they have earned the Four Star Zumwalt award. Bravo Zulu."

This year, there were 108 Navy Installations who met the criteria. For commands operating only permanent party housing, such as NHTP's BEQ, there were 42 basic standards and 89 star accreditation standards to be met. To earn a five-star accreditation and a Zumwalt Award, the command must have met all of the basic standards plus 85 to 89 of the star accreditation standards.

A three-star rating means the facility has achieved a higher standard than more than one-third of all facilities. A five star rating means the operation provides facilities and services equivalent to or better than those provided by high-quality residence halls and commercial hotels. Only three, four, and five star ratings are given to superior operations.

Of the 108, only 48 were nominated to be eligible for the award. Twenty-two of the 48 received the Adm. Elmo R. Zumwalt Award, and four of the 48 received a four-star rating. There were fourteen installations which did not achieve enough standards to receive a rating.

The Adm. Elmo R. Zumwalt Award for Excellence in Bachelor Housing began in 1971 when enlisted sailors raised concerns about the administration and management of their quarters to the Chief of Naval Operations, Adm. Elmo R. Zumwalt. In February of 1972, Adm. Zumwalt directed a study to recommend ways to improve the condition and management of Navy BEQs. The study resulted in several initiatives including the establishment of a competitive award program for bachelor housing operations. In June 1974, the Secretary of the Navy established the Adm. Elmo R. Zumwalt award for Excellence in Bachelor Quarters Management as a way to recognize commands that excelled in operating bachelor housing.

The 2004 award winners will be recognized in Denver, Colorado during the Professional Housing Management Association's annual conference in January 2005.

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Life's Lesson...

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Super Stars and Hard Chargers...



IRAQI FREEDOM...

Continued from page 3

ue to lift weights here and it has served me well. Anyone overweight here, will fail to meet the daily requirements needed to survive. Also, anyone is deployable. We have PA's, NC's, MC's, YN's, HM's, MA's, CEC's etc. I am the only HCA here that I know of though.

About deploying. I have learned a lot about deployment. I am very proud to be here representing the United States. If you are not prepared to deploy, you need to seriously consider why you are in uniform. We have it easy while at home and working in a hospital. Deployment is a part of being in the armed forces and all of us need to recognize that and prepare for it. Trust me, no one wants to be away for the holidays, but it is a sacrifice that all of us need to be willing to do.

What I miss about 29 Palms: My wife, children and friends, quiet and mortar free nights, normal drives, civilian clothes, hot water, clean water, driving, cooking, eating fast food, watching my kids soccer games, poker nights and sitting down on Sundays to watch the

Eagles win yet another game!

What I don't like about Iraq: Mortars, pollution and the insurgents that slow down our progress.

What I like about Iraq: Iraqi food, the Iraqi People, my fellow Countrymen.

Special Thanks to the DFA and all my J.O. friends who have been very supportive of me and my family. True friends step up when needed and everyone truly has. Thank you so much!

Take care and I will see you in April!

Life's Lesson...

If you find yourself in a hole, the first thing to do is stop digging

-- Will Rogers